

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212511571				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2012</p> <p>SCC ID NO: F0101461</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED					
COMMON	20,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1401 Livingston Lane</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Jackson, MS 39213</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Larry B Wooten TITLE: PRESIDENT ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Larry B Wooten TITLE: PRESIDENT ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Joseph A Purvis TITLE: SECRETARY ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Joseph A Purvis TITLE: SECRETARY ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Joseph A Purvis TITLE: SECRETARY ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Robert E Ward, Jr TITLE: VP & Controller ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Robert E Ward, Jr TITLE: VP & Controller ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: David M Winkles, Jr TITLE: First VP ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: David M Winkles, Jr TITLE: First VP ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David M Winkles, Jr TITLE: First VP ADDRESS: PO Box 78 CITY/ST/ZIP/CO: Jackson, MS 39205	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME:	David B Hurt	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Randy M Johns	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Richard G Fielding	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Actuary		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Ronald R Anderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Kenneth W Dierschke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Vincent M Duvall, Sr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Ben M Gramling II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Mark E Haney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Jim T Harper	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Richard E Hillman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	John L Hoblick	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		

NAME:	Dewey L Hukill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Randy L Knight	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Gerald W Long	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Billy R Magee	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Eddie A Melton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Wayne F Pryor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Edward A Scharer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Joseph B Schirard, Jr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	Harry R Veach	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
NAME:	John M Wright, Jr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 78		
CITY/ST/ZIP/CO:	Jackson, MS 39205		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Robert E Ward, Jr	Robert E Ward, Jr, VP & Controller	3/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			